

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715063

Entity Name: HARLEM HEIGHTS IMPROVEMENT ASSOCIATION,
INCORPORATED**FILED**
Feb 07, 2013
Secretary of State
CC4599569266**Current Principal Place of Business:**10511 GLADIOLUS DR.
FT MYERS, FL 33908**Current Mailing Address:**10511 GLADIOLUS DRIVE
FT MYERS, FL 33908 US**FEI Number: 65-0323306****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ORTIZ, MIRIAM M
15581 HAGIE DRIVE
FT. MYERS, FL 33908 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DC
Name	ORTIZ, MIRIAM
Address	15581 HAGIE DRIVE
City-State-Zip:	FORT MYERS FL 33908

Title	VCD
Name	MARRUFO, MARIA
Address	4601 NEW HAVEN
City-State-Zip:	FORT MYERS FL 33908

Title	SD
Name	MARION, ORETHA
Address	10351 FOREST KNOLL COURT
City-State-Zip:	FORT MYERS FL 33908

Title	TD
Name	VASQUEZ, CARLOS
Address	15061 WOODRICH BEND #389
City-State-Zip:	FORT MYERS FL 33908

Title	D
Name	MYRNA, SOTO
Address	15735 HAGIE DRIVE
City-State-Zip:	FORT MYERS FL 33908

Title	D
Name	FARRAH, ELLIS
Address	10531 COOPER LANE
City-State-Zip:	FORT MYERS FL 33908

Title	DIRECTOR
Name	TERAN, LILIANA
Address	15021 WOODRICH BEND CT
City-State-Zip:	FORT MYERS FL 33908

Title	D
Name	RIVERA, KATHERINE
Address	10331 FOREST KNOLL
City-State-Zip:	FORT MYERS FL 33908

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MIRIAM ORTIZ**DIRECTOR, CHAIR****02/07/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	D
Name	OCASIO, RAUL
Address	10331 FOREST KNOLL
City-State-Zip:	FORT MYERS FL 33908